

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10964
Registrar's No. 260

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1959 H. Robinson
(If outside city or town, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community
years, months or days 633

3. (a) PRINT FULL NAME FLOSSIE MARY GREATHOUSE

3. (b) If veteran, name war Female 3. (c) Social Security No. White

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ray B. Greathouse 6. (c) Age of husband or wife if alive 9-1904 years

7. Birth date of deceased: Nov 9-1904
(Month) (Day) (Year)

8. AGE: 35 Years 4 Months 3 Days If less than one day
hr. min.

9. Birthplace Mo. B
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business pen house

12. Name John E. Carter

13. Birthplace Mo. C
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Brazier

15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Ray B. Greathouse

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. W. Walther

18. (a) Signature of funeral director Springfield, Mo.

(b) Address 3-14-40

19. (a) 3-14-40 (b) Chas. R. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town, write "RURAL")
(d) Street No. 1959 H. Robinson
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 12 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-15 1938 to 3-12 1940

that I last saw him alive on 3-11-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis Duration 18 months

Due to Toxemia pneumonia and consolidation of tissue 5 days

Due to 52

Other conditions: Stricture of rectum,

(Include pregnancy within 3 months of death) probably too, incontinence of

Major findings: Of operation: severe fatty degeneration of liver, resection of stomach neck for carcinoma of stomach 1937

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Where did injury occur?

(b) Date of occurrence March 14-1940

(c) Did injury occur in or about home, on farm, in industrial place, in public place?

(d) (Specify type of place) While at work?

(e) Means of injury 2900

23. Signature Springfield Mo (M. D. or other)

Date signed 3/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Ogle Stone Jr., Registered Apprentice No. 232
working under my personal supervision.

Signed

William Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.